

## PUBLIC PROTECTION CABINET DEPARTMENT OF HOUSING, BUILDINGS & CONSTRUCTION MANUFACTURED HOUSING SECTION 101 SEA HERO ROAD, SUITE 100 FRANKFORT, KY. 40601-5412 (502) 573-1795 FAX (502) 573-1059



## MONTHLY CERTIFIED INSTALLER CERTIFICATION FORMAT

New or	Serial #	Installation	Installation	Make	Mfg.	Consumer Name	Physical Address of Set	County	Phone #
Used		Seal #	Date		Date				
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									

hereby certify that the new or used units listed above have been installed and inspected in compliance with the standards as required by 815 KAR 25:080. This form SHALL be submitted monthly to the Manufactured Housing Section no later than the first week of each month.									
nstallers Printed Name:	CI Number:	Signature:	Date:						

